DEPARTMENT OF MENTAL HEALTH
Pre-evaluation Screening Form

Communicare Case #: 47-99

IN THE Chancery (Type of Court) COURT OF MARSHALL COUNTY DATE 2/9/11

COURT CASE NO. _____ SERVICE CODE 19 UNITS OF SERVICE 6

Respondent having been evaluated and pre-screened for commitment pursuant to M.C.A. Section 41-21-67, Communicare offers the following:

Legal Charges Pending: Yes ☐ No ☒

PERSONAL DATA INFORMATION

NAME: Princess Anderson SOCIAL SECURITY NO: _____ DOB: 4/25/80

RACE: ____ MARITAL STATUS: ☐Single ☐Married ☐Divorced ☐ Widowed SEX: ☐Male ☐Female
INTERPRETIVE AIDS NEEDED ☒NO ☐ YES _____ (i.e. sign language, Spanish, Braille, etc.)

ADDRESS: 72 Christopher Cove
Byhalia MS 38611

NAME OF SPOUSE/NEXT OF KIN: Angela Anderson COUNTY OF RESIDENCE: Marshall

MEDICAID# none MEDICARE # none

EDUCATION *(Circle Highest Grade Completed)* 1 2 3 4 5 6 7 8 9 10 11 (12) 13 14 15 16 17 18 GED Currently Enrolled: ☐

OCCUPATION: none PRESENTLY EMPLOYED: ☐ Yes ☒ No

EMPLOYER: — LENGTH OF EMPLOYMENT: ____ years ____ months

HOUSEHOLD COMPOSITION *(Mark All That Apply)*

☐ Lives Alone ☐ With Siblings ☐ With Parent(s) ☐ Homeless ☐ With Children
☐ With Spouse ☐ With Relatives ☐ With Legal Guardian ☒ With Others ☐ In Group Home

NUMBER OF DEPENDENT(S): 0 ☐ Unknown (Explain) _____

NAME OF AFFIANT (Person Filing Papers)

Name: Barbara Hopper Relationship: assessor Phone: (H) _____ (W) _____

Address: Lakeside Behavioral Health City Memphis State TN Zip Code _____

FAMILY CONTACT ☐ Unknown (Explain) _____

Name: Angela Anderson Relationship: mother Phone: (H) 901-451-2770 (W) _____

Address: _____ City _____ State _____ Zip Code _____

PERSON WITH LEGAL CUSTODY, GUARDIANSHIP, AND/OR CONSERVATORSHIP ☐ Not applicable (N/A)

Name: None Relationship: _____ Phone: (H) _____ (W) _____

Address: _____ City _____ State _____ Zip Code _____

PRE-EVALUATION SCREENING INFORMANT _____ RELATIONSHIP _____

EXHIBIT tabbies B

Pre-evaluation Screening Form *(page two)*

MEDICAL HISTORY INFORMATION

PREVIOUS MENTAL HEALTH HOSPITALIZATION, SERVICE, A&D TREATMENT (*List Where and When*) none

CURRENT MEDICATIONS (*List Names and Dosage*)

Name	*Dosage*
none	

COMPLIANT WITH MEDICATIONS: ☐ Yes ☒ No ☐ Unknown

DESCRIBE PHYSICAL APPEARANCE:

ALLERGIES: ☐ Yes ☒ No ☐ Unknown If Yes, Explain

PREVIOUS SURGERY: ☐ Yes ☐ No ☒ Unknown If Yes, Explain

CONCURRENT PHYSICAL CONDITIONS (*Mark all that apply*) ☐ Physical Disability _____ (list required aids i.e. wheel chair, white cane, support cane, oxygen, etc.)

- ☐ Diabetes
- ☐ Hypertension
- ☐ Contagious Disease
- ☐ Hepatitis
- ☐ Emphysema/Cold
- ☐ S.T.D.
- ☐ Other Chronic Illness
- ☒ None known
- ☐ Heart Condition
- ☐ TB
- ☐ (Please State)
- ☐ Seizures
- ☐ Cancer

Elaborate on acute medical conditions marked (if needed)

FAMILY PHYSICIAN: Unknown

BEHAVIORS EXHIBITED BY RESPONDENT

Also consider information from affiant and/or affidavit

(Mark appropriate answer and/or write in additional pertinent descriptions)

History or Present Danger to Self ☒ Yes ☐ No *(If Yes, mark appropriate statement(s) below)*

- ☐ Thoughts of suicide
- ☒ Suicide gesture
- ☐ Inability to care for self
- ☐ Other
- ☐ Threats of suicide
- ☒ Suicide attempts
- ☒ High risk behavior
- ☒ Plan for suicide
- ☐ Family history of suicide
- ☐ Provoking harm to self from others
- ☐ Pre-occupation with death
- ☐ Self-mutilation

Describe and note date of occurrence: attempted overdose on OTC medications + TMC 2/7/11

History or Present Danger to Others ☐ Yes ☒ No *(If Yes, mark appropriate statement(s) below)*

- ☐ Thoughts to harm others
- ☐ Attempts to harm others
- ☐ Felt like killing someone
- ☐ Other
- ☐ Threats to harm others
- ☐ Stalking
- ☐ Inability or unwillingness to care for dependants
- ☐ Plans to harm others
- ☐ Has harmed others

Describe and note date of occurrence:

Failure to Care for Self ☒ Yes ☐ No (If Yes, mark appropriate statement(s) below)

Failure or inability to provide necessary: ☐ Food ☐ Clothing ☐ Shelter ☐ Safety ☒ Medical care for self

☐ Other was told she was pregnant & then abused medications/drugs & refused prenatal care

Antisocial/Criminal Behavior ☐ Yes ☒ No (If Yes, mark appropriate statement(s) below)

☐ Frequent lying	☐ Stealing	☐ Running away from home	☐ Excessive fighting
☐ Destroys property	☐ Fire setting	☐ Cruelty to other	☐ Cruelty to animals
☐ Arrests	☐ Gang membership	☐ Brandishing weapons	☐ Convictions
☐ Imprisoned	☐ Uses multiple aliases	☐ Exhibitionism	☐ Family desertion

☐ Identify any legal charges which may be pending _____

☐ Other _____

Describe: _____

Drug Use/Abuse ☒ Yes ☐ No ☐ Unknown (If Yes, mark appropriate statement(s) below)

☐ Has abused	☐ Is abusing	☐ Narcotics	☐ Amphetamines	☐ Barbiturates	☐ Hallucinogens
☐ Cocaine	☒ Marijuana	☐ Absenteeism	☐ Job loss	☐ Arrests	
☐ Has required hospitalization		☐ Family problems due to drug use		☐ Currently under the influence of drugs	

☐ Other _____

Describe: THC, the only known incident occurred on 2/7/11 associated with murder

Alcohol Use/Abuse ☐ Yes ☐ No ☒ Unknown (If Yes, mark appropriate statement(s) below)

☐ Drinking problem suspected	☐ Intoxicated Now	☐ Has required hospitalization
☐ D.T.'s	☐ Black-outs	☐ Absenteeism
☐ Job loss	☐ Arrests/DUI	☐ Family problems due to drinking

☐ Currently under the influence of alcohol (BAL, if available)

☐ High-risk behavior occurs primarily when under the influence of alcoholic beverages, including beer.

☐ Other _____

Describe: _____

Depressive-Like Behaviors ☒ Yes ☐ No (If Yes, mark appropriate statement(s) below)

☐ Sadness	☐ Fatigue	☐ Low Energy	☐ Loss of interest	☐ Extreme Withdrawal
☐ Crying	☐ Poor Concentration	☐ Weight loss or gain		☐ Guilt feelings
☐ Feelings of worthlessness		☐ Hopelessness about the future		☐ Hypoactive
☒ Thoughts/threats of suicide		☐ Sudden drop in grades or change in friends (especially in adolescents)		

☐ Other _____

Describe: See "Danger to Self"

Manic-Like Behavior ☒ Yes ☐ No (If Yes, mark appropriate statement(s) below)

☐ Euphoria	☒ Hyperactivity	☐ Grandiosity	☐ Over talkativeness and/or pressured speech
☐ Irritability	☐ High Risk Behaviors	☐ Sleep disturbance	☐ Extravagance with money

☐ Other _____

Describe: hyperactive/agitation (may be dyphoric - unsure)

Dementia-Like Characteristics ☐ Yes ☒ No (If Yes, mark appropriate statement(s) below)

☐ Confusion	☐ Wanders Off	☐ Disorientation	☐ Impaired Judgment
☐ Poor Concentration	☐ Gets Lost	☐ Confusion	☐ Significant short-and/or long term memory
☐ Decline in activities of daily living (Consider age of respondent)			☐ Impaired Abstract Thinking

☐ Other _____

Describe: _____

...evaluation Screening Form (page four)

Psychotic-Like Behavior ☒ Yes ☐ No *(If Yes, mark appropriate statement(s) below)*

☐ Poor personal hygiene
☐ Withdrawn
☐ Talks often
☒ Delusions
☒ Doesn't make sense
☒ Emotional turmoil
☐ Loose Association
☐ Incoherence
☐ Wanders off
☐ Confusion
☐ Irritability
☐ Disorganized speech or behavior
☒ Suspiciousness
☐ Unmanageable
☐ Illusions
☐ Forgetfulness
☒ Hallucinations
☐ Bizarre or obscene acts
☐ Flat or inappropriate affect
☐ Disorientation (time, place, people)
☒ Poor judgment

☐ Other ______ jailor stated

Describe: Respondent experiencing paranoid delusions / "won't keep her clothes on" in the jail 12-8/12-9

ADDITIONAL INFORMATION

Child/Adolescent Conduct Disturbance ☐ Yes ☒ No ☐ Unknown *(If Yes, mark appropriate statement(s) below)*
(Current Behavior or During Childhood)

☐ Theft ☐ Fire-setting ☐ Cruelty to people ☐ Cruelty to animals ☐ Destruction of property
☐ Aggression ☐ Arrest/detainment ☐ Combativeness/aggression ☐ Sexual high risk behavior
☐ Refusal to attend school ☐ Running away ☐ Defiance of authority and rules
☐ Possession/Use of weapons ☐ Frequent lying ☐ Reported sexual or physical abuse/neglect
☐ Other ______

Developmental Disability ☐ Yes ☒ No ☐ Unknown *(If Yes, mark appropriate statement(s) below)*

☐ History of special education placement ☐ Documented IQ score below a 70
☐ Inability to care for self or activities of daily living ☐ Significantly sub-average intellectual functioning before age 18
☐ Substantial limitations in adaptive skills (*communication, self-care, home living, social skills, community use, self-direction health and safety, leisure and work*)
☐ Other ______

Other ☐ Yes ☒ No ☐ Unknown *(If Yes, mark appropriate statement(s) below)*

☐ Anxiety ☐ Panic ☐ Eating disturbance ☐ Sexual problems ☐ Impulsive behaviors
☐ Obsessive behaviors ☐ Other ______

RECOMMENDATIONS

Recommend Examination for Commitment: ☒ Yes ☐ No

If yes, is outpatient commitment currently an option for the respondent? ☐ Yes ☒ No Explain: ______

If no, explain why outpatient commitment is not an option for the respondent: Patient in immediate danger of self-harm; she is unresponsive when visited at the jail. Recommend immediate transfer to hospital.

SPECIFIC RECOMMENDATIONS
(Include Treatment Options)

Hospitalization for psychosis.

Debra Shelton MS NCC CMHT — Screener/Credentials
2/9/11 — Date
Debra Shelton MS NCC CMHT — Print Name

DMH1013 (Rev. 10-07)